Docket No.: 118010

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

described and claimed in the specification:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <u>A PUMP AND A RECEPTACLE FITTED THEREWITH</u>

PR 2	8 200	~\ ~	*a. ☐ attached here b. ☐ filed on Dece		003 as Application No	and amended on (if	applicable).				
rn -		2.01	hereby state that I hav y any amendment referr	ed to abov	d and understand the con	tents of the above-identified sp	pecification, including the claims, as				
8 TR	ADEM	. I	acknowledge the duty to deral Regulations, §1.5	to disclose	to the Office all information	on known to me to be material t	o patentability as defined in Title 37,				
		Į	Under Title 35, U.S. Co	ode §119,		e following foreign application n one year prior to this applicati	(s) and/or United States provisional on are hereby claimed:				
	French Patent Application No. 021				15911 filed December 16, 2002						
		U. S. Provisional Patent Application No. 60/438,324 filed January 7, 2003									
		The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):									
				.~	and the second						
						; · · ·					
		I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:									
			Ja Ki Ed Ma Joel S	James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463; Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; Richard E. Rice, Reg. No. 31,560; Paul Tsou, Reg. No. 37,956; and Eric D. Morehouse, Reg. No. 38,565. ESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, DX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.							
		ALL COR PLC, P.O.	RESPONDENCE IN BOX 19928, ALEXAN								
		own knowle were made Section 100	edge are true and that a with the knowledge the	all statemer at willful f	nts made on information a alse statements and the like	and belief are believed to be tracked so made are punishable by fi	nat all statements made herein of my ue; and further that these statements ine or imprisonment, or both, under ize the validity of the application or				
	1	Typewritten Full Name									
		oj First	or Sole Inventor		Daniel Given Name	Middle Initial	CROSNIER Family Name				
	2		tor's Signature:		Hausel C	2120 QUIER					
	3 **Date of Signature:			Month Month	24 2004						
		Residence:		Month Offranville		Day	Year France				
		Citizenship	: France	City		State or Province	Country				
			Post Office Ad (Insert comple	olete 14 Rue Jacques L		7004					
			mailing addre	ntry)	Offranville France 76550						
		*If Box (a.) **Note to Ir) is checked, this form r rventor: Please sign nam	nay be exe	cuted only when attached as it appears above and ins	to the specification (including c sert actual date of signing.	laims).				

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE \boxtimes

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

	ı Full Name				
of Second Joint I	nventor (if any)		Vanessa		BRINKMEYER
2 *************************************	. Siamatuus	Paris	Given Name	Middle Initial	Family Name
2 **Inventor's3 **Date of S	s Signature:	- Ban	January	19	2001
5 Date of S	iignature.		Month		2004
Residence:		Paris	Monui	Day	Year France
Residence.	 -	City		State or Province	Country
Citizenship:	France	City		State of Frovince	Country
Citizensinp.	Post Office A				
	(Insert comp		21 Bis Rue Pierre Leroux		
	mailing addr				
	including co	untry)	75007 Paris France		
1 Typewritter	Full Name				
of Third Joint Inve					
			Given Name	Middle Initial	Family Name
2 **Inventor's					
3 **Date of S	ignature:				·
			Month	Day	Year
Residence:					
		City		State or Province	Country
Citizenship:		,			Country
C. C		1.			
	Post Office A (Insert compl				
	mailing addre				
	including cou	intry)			
1 Typewritten	Full Name				
of Fourth Joint In	ventor (if any)				
			Given Name	Middle Initial	Family Name
2 **Inventor's					
3 **Date of S	ignature:				
			Month	Day	Year
Residence:					
		City		State or Province	Country
Citizenship:					•
•	Post Office A	d duage.			
	(Insert compl				
	mailing addre				<u> </u>
	including cou	intry)			
1 Typewritten	Full Name				
of Fifth Joint Inve					
			Given Name	Middle Initial	Family Name
2 **Inventor's					
3 **Date of S	gnature:				
			Month	Day	Year
Residence:					
		City		State or Province	Country
Citizenship:					·
•	Post Office Ac	dress:			
	(Insert compl				
	mailing addre	ess,			
	including cou	ntry)			
TAT W					

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.